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UTILITY
PATENT APPLICATION
TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attorney Docket No.	03500.016189	
First Name	ed Inventor or Application Identifier	
SHINICHI MATSUMOTO		
Express Mail Label No.		

Express Wall Label NO.						
APPLICATION ELEMEI See MPEP chapter 600 concerning utility patent ap	ADDRESS TO:					
Fee Transmittal Form (Submit an original, and a duplicate for fee p	Fee Transmittal Form 7. (Submit an original, and a duplicate for fee processing)			CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. Applicant claims small entity status. See 37 CFR 1.27.			and/or Amino Acid Se , all necessary)	equence Submission		
3. X Specification Total Pa	Total Pages 76 a. Computer Readable Form (CRF) b. Specification Sequence Listing on:					
4. X Drawing(s) (35 USC 113) Total Sh						
5. X Oath or Declaration Total Pa						
a. X Newly executed (original or copy) c. Statements verifying identity of above copies						
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) 9. X Assignment Papers (cover sheet & document(s))						
j. DELETION OF IN	i. DELETION OF INVENTOR(S) 10. 37 CFR 3.73(b) Statement (when there is an assignee)					
Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). English Translation Document (if applicable)						
6. X Application Data Sheet. See 37 CFR 1.76 Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations			1 1 1			
			Amendment	D E02)		
14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
		16 Other:				
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:						
Continuation Divisional Prior application information: Examiner Group/Art Unit:						
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an eath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only						
be relied upon when a portion has been inadvertently omitted from the submitted application parts. 18. CORRESPONDENCE ADDRESS						
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below						
NAME						
Address			7in Onda			
City	State Telephone		Zip Code Fax			
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RA	ATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	28-20 =	8	X \$ 18.00	=	\$ 144.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	8-3 =	5	X \$ 84 00	=	\$ 420.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$280.00 =		\$ 0.00			
				BAS (37 CI	SIC FEE FR 1.16(a))	\$ 740.00
			Total of	above Calcu	ılations =	\$ 1304.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					
	•	•			TOTAL =	\$ 1304.00
9. Sr	mall entity status					N
19. Sr a. b. c.	A small e A small e and desir	ntity statement is enclose ntity statement was filed ed. ger claimed.		nal applicatio	on and su	ch status is stıll prope
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Michael E. Kondoudis - Reg. No. 42,758	
SIGNATURE	Wylul Korlado	
DATE	February 15, 2002	

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